A TRADENTAL

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE (Atty. Docket No. 96-2088-B)

First Named Inventor: Dai)	
)	Examiner: unassigned
Application No.: 10/010,644)	G
) .	Group Art Unit: 1632
Filing Date: November 8, 2001)	-
)	Confirmation No.: 6950
Title: Methods for Highly Efficient)	
Generation of Adenoviral Vectors)	

Commissioner for Patents Washington, D.C. 20231

RECEIVED

NOV 1 9 2002

OFFICE OF PETITIONS

PETITION FOR A FOUR MONTH EXTENSION OF TIME

Honorable Commissioner:

The applicants respectfully petition for a four month extension of time in which to respond to the Notice to File Missing Parts of a Non-Provisional Application mailed January 10, 2002, in which the applicant was given two months to respond. With this extension, the applicant's response is due on or before July 10, 2002. The requisite fee accompanies this petition. The Commissioner is authorized to debit any underpayment or credit any overpayment of fees associated with this application to Deposit Account 13-2490.

Adjustment date: 12/03/2002 AKELLEY
11/19/2002 AMONDAF1 00000078 10010644
02 FC:2254 -720.00 OF
Repln. Ref: 12/03/2002 AKELLEY 0010405000
DAH:132490 Name/Number:10010644
FC: 9204 \$720.00 CR

Dated: November 15, 2002

Respectfully,

Mark L. Chael, J.D., Ph.D.

Reg. No. 44,601

11/19/2002 AWDNDAF1 00000078 10010644

02 FC:2254

720.00 OP



UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 12 - 3 - 02 2 Serial/Patent # 08/0/0,644						
3 Pl€	ease refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		
	Filing			\$		
	Amendment			\$		
X	Extension of Time	4	11/15/02	\$ 72000		
	Notice of Appeal/Appeal	•		\$		
	Petition			\$		
	Issue			\$		
·	Cert of Correction/Terminal Disc.			\$		
	Maintenance			\$		
	Assignment			\$		
	Other			\$		
		7 TOTAL AMOUNT S 720°		\$ 72000		
		8 TO BE	REFUNDED E			
10 REASON:		Treasury Check				
	Overpayment	Credit Deposit A/C #:				
	Duplicate Payment	, 13-2490				
X	No Fee Due (Explanation):					
Unnecessary						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: WAN UAYMON TITLE: Pet, Gran.						
SIGNATURE: W- frym PHONE:						
OFFICE:						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: Chica Kelly DATE: 12/3/12						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B